

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						CLAIMS					
	<b>AS FILED</b>		<b>AFTER 1st AMENDMENT</b>		<b>AFTER 2nd AMENDMENT</b>			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
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40	/						90				
41	/						91				
42	/						92				
43	/						93				
44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
TOTAL IND.	4		↓		↓		TOTAL IND.	↓		↓	
TOTAL DEP.	24		↓		↓		TOTAL DEP.	↓		↓	
TOTAL CLAIMS	38		↓		↓		TOTAL CLAIMS	↓		↓	